

Case Number:	CM14-0138255		
Date Assigned:	09/05/2014	Date of Injury:	09/13/2007
Decision Date:	10/09/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/26/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58-year-old female who reported an injury on 09/13/2007. The mechanism of injury was due to repetitive motion. The diagnoses included major depressive disorder and obsessive compulsive disorder. Within the clinical note dated 06/09/2014 it was reported the injured worker complained of anxiousness, but less depressed. The injured worker reported improvement in sleep. Upon physical examination, the provider noted the injured worker was alert and oriented. The provider noted the injured worker had a fair mood, but was still anxious with soft speech. The provider requested the injured worker to continue psychotherapy sessions. However, a rationale was not provided for clinical review. The request for authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Psychotherapy Twice Per Month for 45 Days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The request for psychotherapy twice per month for 45 days is not medically necessary. The California MTUS Guidelines state identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Guidelines also recommend screening the patients with risk factors for delayed recovery, including a Fear Avoidance Beliefs Questionnaire. Initial therapy for these at risk patients should be physical medicine for exercise instruction using a cognitive motivational approach to physical medicine. Consider separate psychotherapy cognitive behavioral therapy referral after 4 weeks if lack of progress from physical medicine alone; an initial trial of 3 to 4 visits of psychotherapy over 2 weeks. With evidence of objective functional improvement, a total of 6 to 10 visits over 5 to 6 weeks. Sessions the injured worker has previously undergone was not provided for clinical review. There is lack of clinical documentation indicating the provider performed a fear avoidance questionnaire. Therefore, the request is not medically necessary.